Application or Oocket Number											ber	
PATENT APPLICATION FEE DETERMINATION RECORD MS163008												
Effective October 1, 2000												
CLAIMS AS FILED - PART I							AALL E	YTITY	/	OTHER SMALL		
TOTAL CLAIMS	(Column 1)		(Column 2)		_	TYPE		OR I		FEE		
TOTAL CLAIMS		.d.T				- ⊩	RATE	FEE		RATE RASIC FEE	710.00	ł
FOR		NUMBER FILED		NUMBER EXTRA		F	ASIC FEE	355.00	OR			,
TOTAL CHARGEABLE CLAIMS		2 7 minus 20=		• •	7	L	X\$ 9-		OR	X\$18=	136.0	
INDEPENDENT CLAIMS		7 minus 3 =			4		X40=		OR	.X80=	3200	0
MULTIPLE DEPEND	RESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in co					olumn 2		TOTAL		οя	TOTAL	1156.	00
dulla				•	OTHER	THAN						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
<	CLAIMS REMAINING		HIGH NUM PREVI	BEA	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total Independent	AFTER AMENOMENT			FOR	EATIN	H		FEE			FEE	
Total	21	Minus	. S	-/	•		X\$ 9=		OR	X\$18=		
Independent	. 1	Minus	ENDEN	7	-		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
1(11)/2							TOTAL DOT, FEE		OR	YOTAL ADDIT FEE		1
	(Column 1)		(Colu	/	(Column 3)		JUNI, FEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
	CLAIMS REMAINING	機能關	HCG	KEST ABER	PRESENT	lΓ		ADDI-			ADDI-	1
N MAN	AFTER AMENOMENT			FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
Total independent	. 27	Minus	• 2	7	•	lΓ	X\$ 9=		OR	X\$18=		
u Independent		Minus)	•	l	X40=		OR	X80=		1
FIRST PRESEN	ITATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		J			1	+270=	 	1
							+133e		OR	YOYAL	-	┨
							DOLT. FEE		JOR	ADDIT. FEE		4
	(Column 1)	- FARITAGES		mn 2) HEST	(Column 3)							4
U TO THE STATE OF	CLAIMS REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY FOR	PRESENT EXTRA		RATE	AUDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·
Total Independent	•	Minus	••	- 25		П	X\$ 9=		OR	X\$18=		
Independent	•	Minus	***		•	۱t	X40>		OR	X80=	1	1
FIRST PRESE	ULTIPLE DEF	PENDEN	T CLAIM		J -			1			1	
							+135=		OR	+270=		4
If the entry in column 1 is loss than the entry in column 2, write "0" in column 3, "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							YOYAL DDIT, FEE		OR	ADDIT, FEE		4
""If the "Highest Mun The "Highest Numb	nber Previously F ber Previously Pt	wid For IN THI ild For (Total o	s space Indepen	; is less th dant) is th	en 3, enter "3." e highest numb	er four	d in the a	pgropnate bo	or at co	objemn 1.		
FORM PTOLYS			<u>-</u>								F COMMERC	Ļ

(Per. SCO)

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